

WebEx Instructions

The image shows the WebEx Join Meeting interface with three numbered steps:

- Step 1:** Login fields. A blue circle with the number '1' is next to the 'Your name' field. Below it is the 'Your email address' field with '(Optional)' to its right. A 'Join Meeting' button is below the email field. To the right of the button is a 'Join by' dropdown menu. Below the button is a link 'More ways to join'.
- Step 2:** Audio Connection options. A blue circle with the number '2' is next to a phone icon. Below the icon is the text 'Connect to Audio' and a 'More Options' link. To the right of the icon is the 'Audio Connection' section with three options: 'Call Me' (with a phone icon and the text 'The meeting will call you.'), 'I Will Call In' (with a phone icon), and 'Call Using Computer' (with a computer icon and a 'Change settings' link).
- Step 3:** Audio Connection dialog box. A blue circle with the number '3' is next to a dialog box titled 'Audio Connection'. The dialog box contains three steps: 1. Call (with two toll-free numbers and a link 'All global call-in numbers'), 2. Enter this access code: (with a '#' symbol), and 3. Enter your Attendee ID: (with a '#' symbol).

1. When logging in, please include a first name and initial of your last name.
2. Once you have logged in, please select “Connect to Audio” and select any of the three options under “Audio Connection”.
3. If you select “I Will Call In”, please follow the instructions and enter your Attendee ID.

Ask questions in two ways:

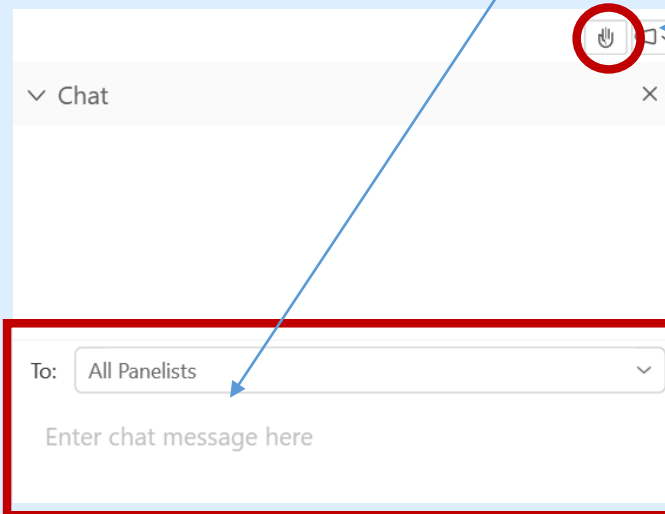
1. Submit questions through the chat.

If the chat box does not automatically appear on the screen's right panel, hover over the bottom of your screen and click the chat bubble icon, circled in red.

2. 'Raise your hand' to ask a question through your audio connection.

Once we see your hand raised, we will call on you and unmute your line.

Please introduce yourself and let us know what organization you are from.



Prepared by Public Consulting Group

Email njdsrip@pcgus.com with any additional questions.



Warm Up Poll

Which classic New Jersey food is your favorite?

a. Taylor Ham/Pork Roll



b. Sloppy Joe – New Jersey Style



c. Fat Sandwich



d. Trenton Tomato Pie



e. Chicken Savoy



f. Jersey Hot Dogs – Rippers, Texas, Italian, etc.



g. Disco fries



Winner!

h. Fresh produce from the Garden State!



<https://www.saveur.com/only-in-new-jersey-foods#page-9>



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

The mission of the Department of Health is to improve health through leadership and innovation.

NJ DSRIP June 2019 Webinar

June 11, 2019

Today's Speakers:

Emma Trucks, MPH
PCG

Donna Antenucci RN, BSN
President, LHS Health Network

Office of Healthcare Financing

Robin Ford, MS
Executive Director

Michael D. Conca, MSPH
Health Care Consultant

Alison Shippy, MPH



Prepared by Public Consulting Group

Today's Objectives

By the end of today's webinar, participants should be able to:

- Interpret the measure specifications for DSRIP 01.
- Identify strategies utilized by fellow DSRIP hospitals to improve DSRIP 01 outcomes.
- Identify changes inside Databook v5.1 and state which measures will have an updated baseline.
- Navigate the new design of the DSRIP website to find key information.
- Interpret the results of your DY6 appeal letter.
- Return the DY8 approval letters with appropriate signature on time.
- Ensure the appropriate members of your DSRIP team register for the June 26th In-person learning collaborative.

1. DSRIP Measure Specification Review

DSRIP 01: 30-Day All-Cause Readmission Following (AMI) Hospitalization

Lourdes Medical Center presentation on DSRIP 01 related best practices

2. Website Update

3. Databook v5.1 Update

Review of associated materials and rebasing

5. DY6 Appeals Conclusion

6. DY8 Renewal Application Approval Letters

7. June 26th In-Person Learning Collaborative Announcements

Measure Review

DSRIP 01: 30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization

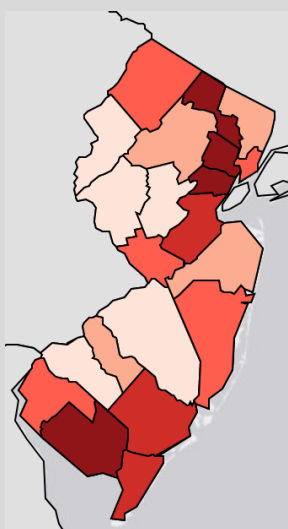
Measure Description and Context

DSRIP 01 Description

30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization.

Public Health Context

- 2016 CDC data shows NJ AMI death rate per 100,000 better than US (27.1 vs. 30.1)*
- NJ Low-Income Pop. AMI all-cause readmission rate improved since DY4

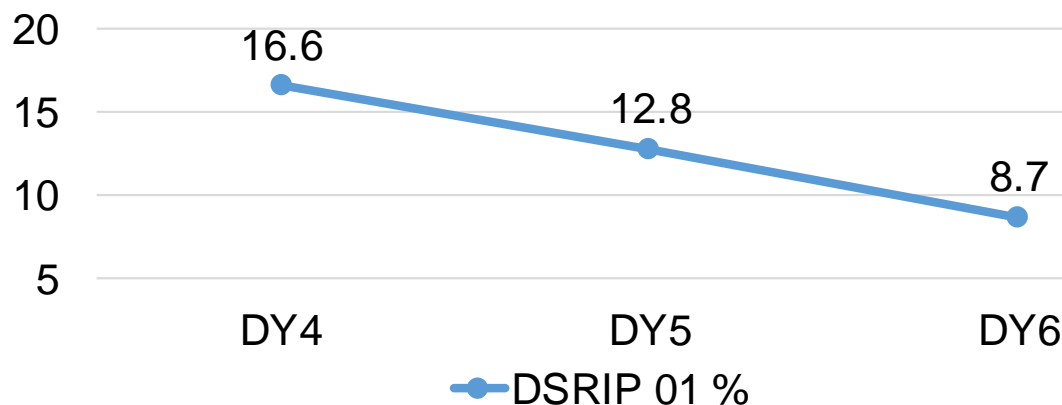


NJ AMI Deaths

	19.1-22.5
	22.6-24.9
	25.0-28.3
	28.4-29.8
	29.9-38.2

*Interactive Atlas of Heart Disease & Stroke
Rate per 100,000; 2014-2016; All Ages
<https://nccd.cdc.gov/DHDSAtlas/Default.aspx?state=NJ>

30 Day All Cause Readmission Following AMI
Hospitalization
NJ Low-Income MMIS Claims Attributed to
Reporting Hospitals



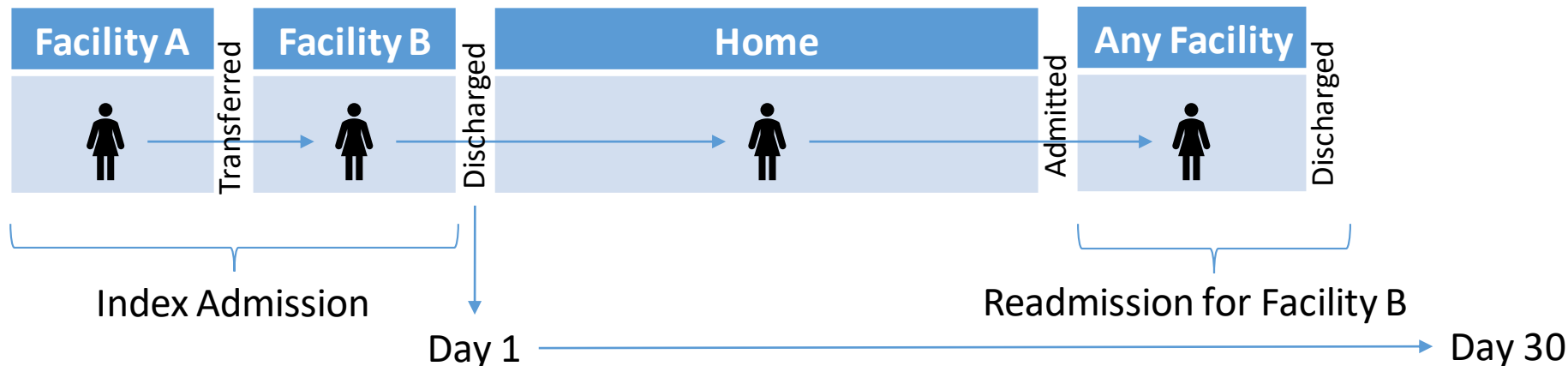
Description Cont.

Numerator: # unplanned discharges in 30 days post index discharge for patients who have been members of the NJ Low-Income Population for 365 days prior through 30 days after index discharge.

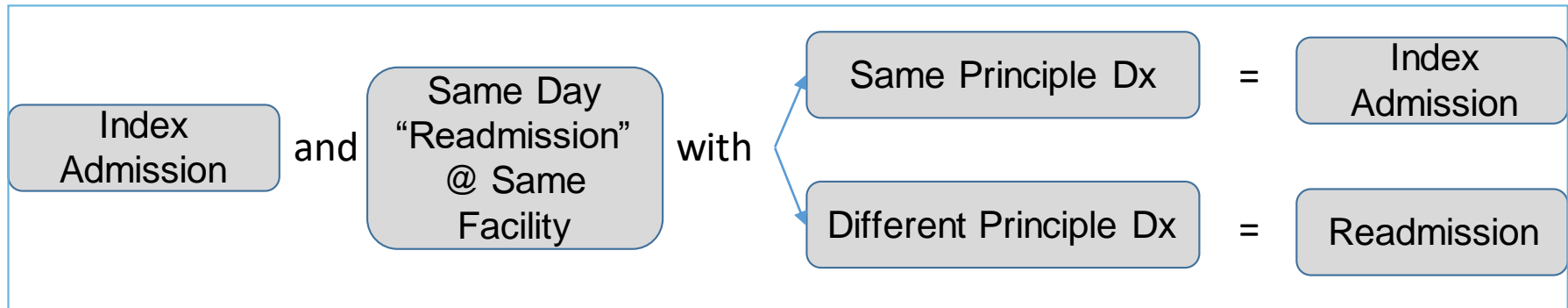
Denominator: # of discharges with acute AMI as principle diagnosis.

Exclusions

- Patient death during index admission or discharged against medical advice
- Same day discharge (unlikely a clinically significant AMI)
- Patients who transfer from your acute care facility to another acute care facility (i.e. admission to another acute care facility within 1 day of discharge)



Other Logic to Note



If there are multiple unplanned discharges within 30 days after index admission discharge, only 1st is considered a readmission.

An unplanned admission within 30 days but taking place after a planned admission – not considered readmission.



*A DSRIP Team Approach:
AMI Readmission Reduction Strategy*

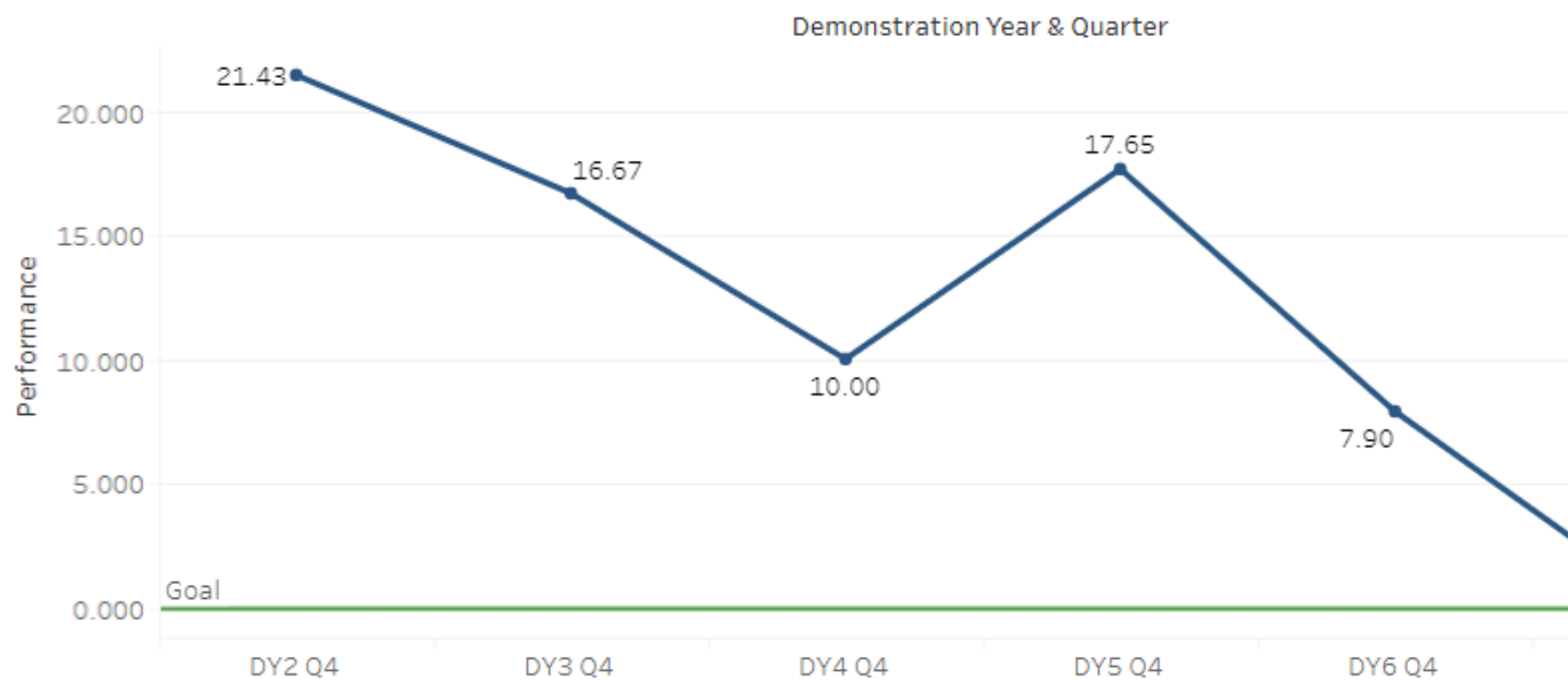
Donna Antenucci RN, BSN
President, LHS Health Network

AMI Readmission Experience

- 13.5% readmit rate reduction from DY2 Q4 through DY6 Q4
- N= 110
- Needs Assessment:
 - Medication Management & Education
 - Access to Care Assistance
 - Coaching & Mentoring
 - Disease Education
 - Social Assessment to identify affordability issues for needed care



30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization



30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization

Tactic #1: Population Health Services Offered

- Population Health RN meets with each patient during the anchor admission: General Introduction
- Disease Education: highlight preventative measures, nutritional counseling, exercise
- Medication Management: review discharge instructions, medication use, regime and affordability
- Access to Care: Ensure each patient has a follow up appointment within 7 days of discharge
- Contact patient telephonically within 48 hours of discharge to review any questions regarding discharge planning, transport issues to appointment

Tactic #2: Cardiac Rehabilitation For AMI

- Lourdes has a program that is open 5 days/week and allows patients to interact with a clinician 2-3 times a week
- Outcomes are positive for AMI Patients in Cardiac Rehabilitation:
 - 100% of patients met exercise goals
 - Nutrition: 100% met goal with self-reported dietary recall scores
 - 75% Success Rate for Smoking Cessation
 - PHQ-9 psycho social survey, 66% documented improvement

Cardiac Rehabilitation Assessment

- Medication Compliance
- Exercise Tolerance
- Weight trending
- Management of Glucose if Diabetic
- Smoking
- Stress Management
- Are they keeping their follow up appointments with providers?

Tactic #3: Tele-Monitoring

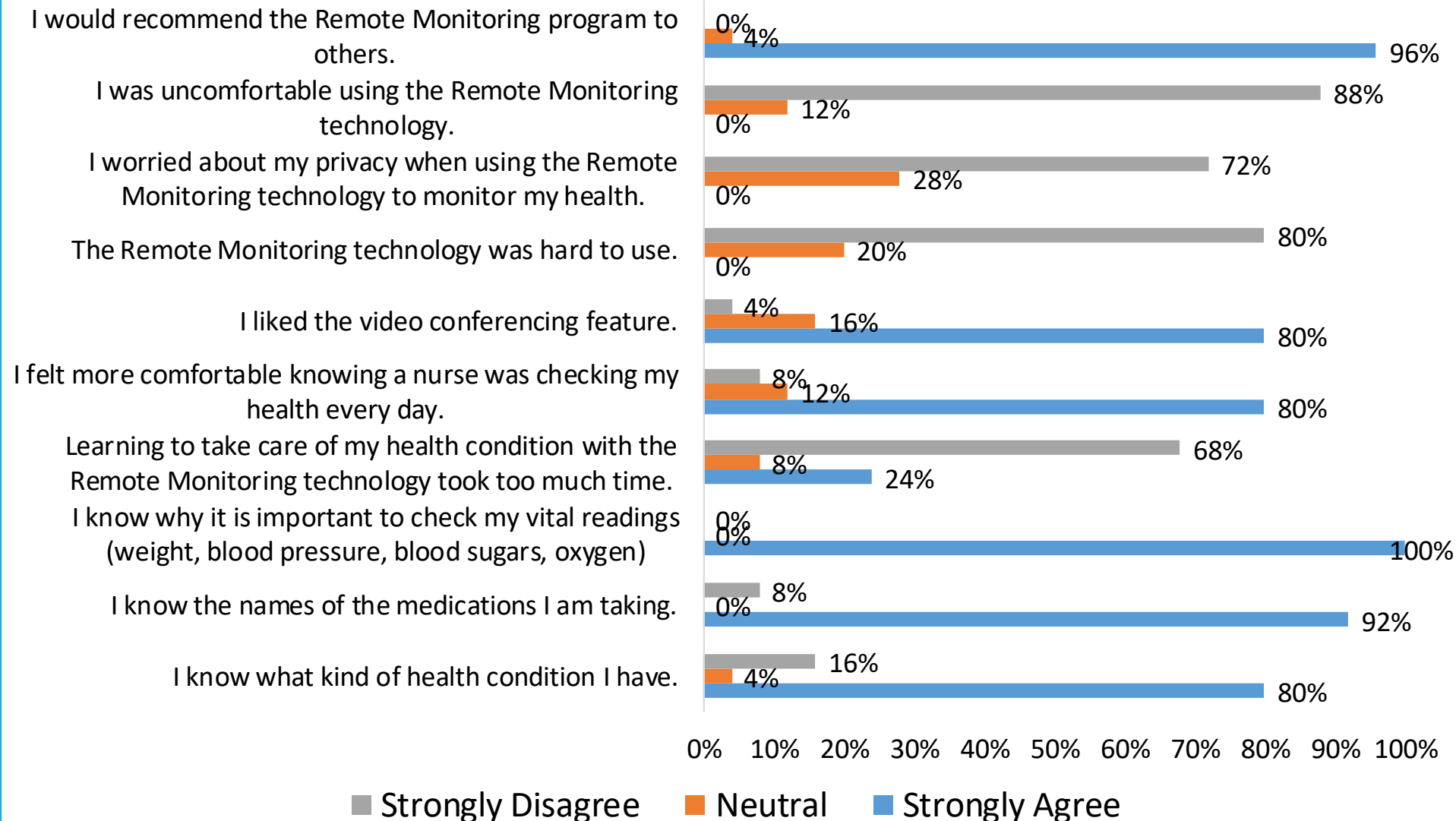
- Tablet for Video Chat
- Pulse Ox
- BP Cuff
- Scale



Powerful patient feedback:
***"I believe this program saved
my life"***

Results for all Accountable Care Programs

Post Survey; N=25



Tele-Monitoring Utilization and Cost Reductions

- The inpatient admission rate per 1,000 dropped 74% for patients in the study group
- Inpatient PMPM costs dropped 53% for patients in the study group
- Base year 2016 PMPM cost variance = \$3,381 = cost avoidance = \$ 2.7M
- Performance Year 2017 PMPM cost variance = \$2,114 = cost avoidance = \$1.3M
- Cost measured in 2018 thus far is \$1M (data through Sept 2018)

Questions



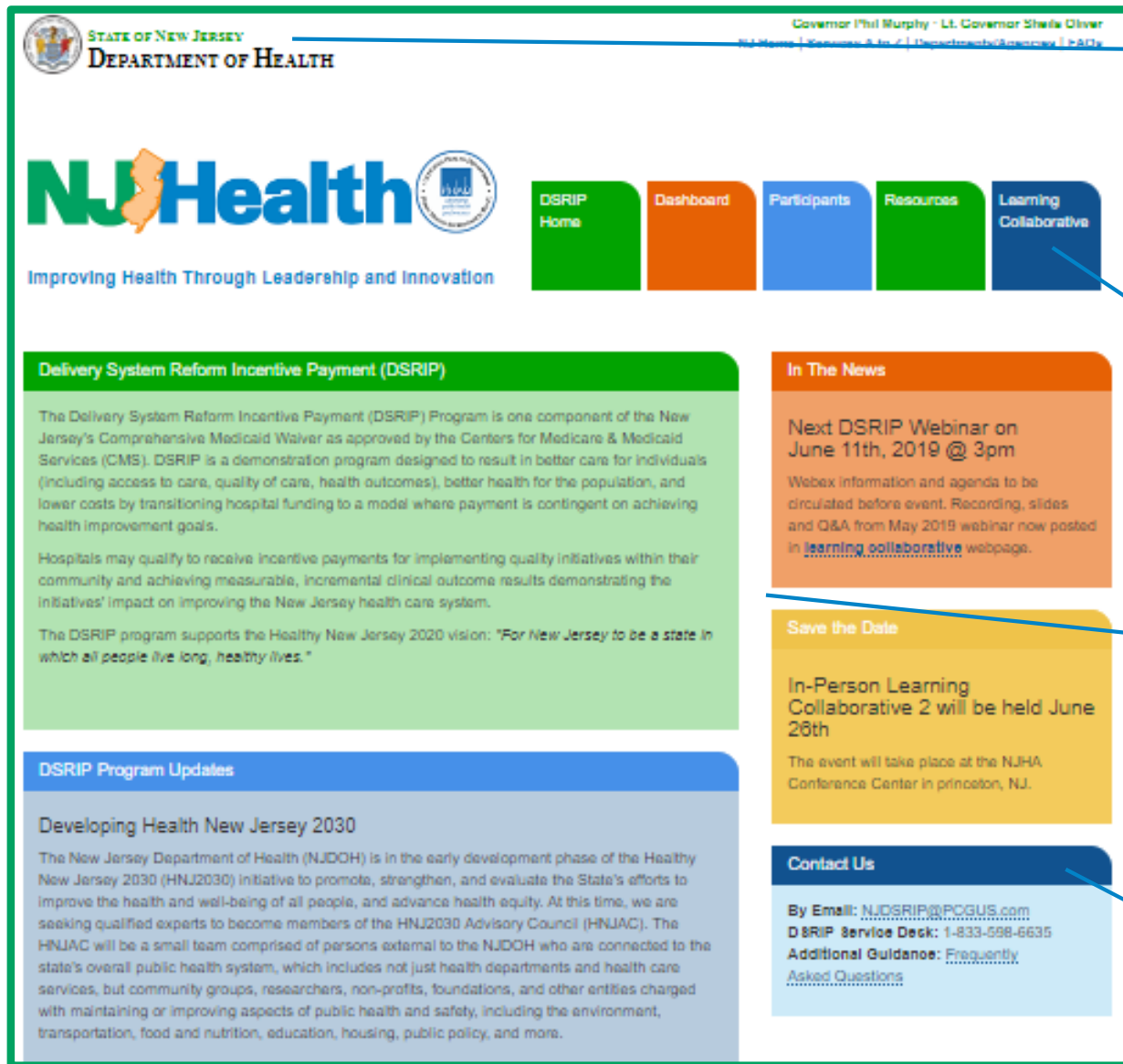
Program Updates

Website – New Look!

NJ DSRIP Website New Look!

- The refreshed website was published today, June 11th.
- The web address for the NJ DSRIP Website has **not** changed.
 - <https://dsrip.nj.gov/>
- Updates to design and organization of the website content.
- All information maintained, with some documents in new locations.

NJ DSRIP Website Update:





The updated layout mirrors NJ DOH website

Updated header and navigational buttons

Shapes used to highlight key information

DSRIP team contact info now on all pages

NJ DSRIP Website: Participants Page

NJHealth  
Improving Health Through Leadership and Innovation

[DSRIP Home](#) [Dashboard](#) [Participants](#) [Resources](#) [Learning Collaborative](#)

NJ DSRIP Participants

The DSRIP Participants page houses documents that require action by the participating NJ DSRIP hospitals. For DSRIP Protocols and other program reference documents, please see the [Resources](#) page of this website.

Useful Links

NJ DSRIP Secure File Transfer Portal (SFTP)

- Use this portal to securely upload or download NJ DSRIP documents
- [NJ DSRIP Secure File Transfer Portal](#)
- [SFTP User Guide](#)

[NJ DSRIP Dashboard](#)

New Jersey DSRIP Newsletter

- [May 2019](#)
- [April 2019](#)
- [March 2019](#)
- [February 2019](#)

Contact Us

By Email: NJDSRIP@PCGUS.com
DSRIP Service Desk: 1-833-598-6635
Additional Guidance: [Frequently Asked Questions](#)

NJ DSRIP Hospital Reporting Materials

DSRIP Renewal Applications:

- DY8 Renewal Applications have been completed. Materials below are informational only.
- [DY8 Renewal Application Guidance](#) (updated 3/6/2019)
- [DY8 Renewal Application Template](#) (updated 3/1/2019)
- [DY8 Renewal Application Budget Template](#) (updated 3/19/2019)

Progress Reports:

- DY7 SA2 Progress Reports have been completed. Materials below are informational only.
- [DY7 Semi-Annual 2 Progress Report Guidance Document](#) (updated 3/12/2019)
- [DY7 Semi-Annual 2 Progress Report Template](#) (updated 3/12/2019)
- [DY7 Semi-Annual 2 Progress Report Budget Template](#) (updated 4/9/2019)

Appeals Materials:

- Appeals are not currently open. Materials below are informational only. Updated documents will be provided when Appeals open for DY7.
- [DY6 Appeal Process Guide](#)
- [DY6 Appeal Form](#)

New participant page

Archive of NJ DSRIP newsletters

Find links and resources for DSRIP web-based tools

All reporting materials now in one location

NJ DSRIP Website: Learning Page

New Jersey Learning Collaboratives (LC)

Upcoming Learning Events

2019 Webinar Schedule

Click on the dates below to register for that month's webinar. For past dates, please find the webinar presentation materials in the "Previous Learning Events & Materials" section below.

- January 10th @ 10am
- March 14th @ 10am
- May 9th @ 10am
- July 11th @ 10am
- September 12th @ 10am
- November 14th @ 10am
- February 19th @ 3pm
- April 9th @ 3pm
- June 11th @ 3pm
- August 13th @ 3pm
- October 8th @ 3pm
- December 10th @ 3pm

2019 In-Person Learning Collaboratives

When registration is live, click the dates below to register for that quarter's Learning Collaborative. For past dates, find meeting materials in the "Previous Learning Events & Materials" section below.

- Learning Collaborative 1: March 20, 2019
- Learning Collaborative 2: June 26, 2019
- Learning Collaborative 3:
- Learning Collaborative 4:

Contact Us

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DSRIP Service Desk: 1-833-598-6635
Additional Guidance: [Frequently Asked Questions](#)

Previous Learning Events & Materials:

Click the links below to browse previous learning materials

2019			
Date	Topics Covered	Presentation Materials	Presentation Notes
January 10, 2019	DSRIP 31: Controlling High Blood Pressure	Webinar Slides Webinar Q&A Webinar Recording	Presentation from Cooper Hospital and St Peter's University Hospital are included in the Presentation Slides and Webinar Recording.
February 19, 2019	DSRIP 38 & SUD Update	Webinar Slides Webinar Q&A Webinar Recording	
March 14, 2019	DSRIP 21 & 63: Central Line-Associated Bloodstream Infection (CLABSI) Event & Pediatric Central Line-Associated Bloodstream Infection (CLABSI) - Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	Webinar Slides Webinar Q&A Webinar Recording	
April 9, 2019	DSRIP 3: 30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	Webinar Slides Webinar Q&A Webinar Recording	Presentation from Clara Maas Medical Center included with in the Presentation Slides & Webinar Recording

2018
2017
2016

Schedule of 2019 learning events.

- All 2019 In-person events dates are set.
- Links to calendar holds for all webinars

Archive of past learning materials reorganized by date and includes topic/details.

Find learning materials from past years by clicking on the drop-down links

NJ DSRIP Website: Dashboard Page

NJHealth
Improving Health Through Leadership and Innovation

DSRIP Home Dashboard Participants Resources Learning Collaborative

NJ DSRIP Dashboard

Dashboard Resources

- [Dashboard Tutorials](#)
- [Dashboard User Guide](#)

Contact Us

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DSRIP Service Desk: 1-833-598-6635
Additional Guidance: [Frequently Asked Questions](#)

Dashboard Tutorials

- [Instructions](#)
- [Performance Overview](#)
- [Stage 2 Quality Improvement Measures](#)
- [Stage 3 Population Focused Improvement Measures](#)
- [Universal Performance Pool](#)
- [Sandbox](#)

Dashboard User Guide

NJ DSRIP Dashboard

Instructions Performance Overview Stage 2 Quality Improvement Project Measures Population Focused Improvement Measures Universal Performance Pool Measures Sandbox

NJHealth
New Jersey Department of Health

Delivery System Reform Incentive Payment Program (DSRIP) Performance Dashboard

Dashboard tutorials posted directly on dashboard page.

When users click on the “Dashboard Tutorials” link, the links to the individual tutorial videos appear.

NJ DSRIP Website: Dashboard Page

The image displays two versions of the NJ DSRIP Dashboard side-by-side, illustrating the user experience before and after logging in.

Left Screenshot (Before Login):

- Header:** NJHealth logo, PHAB logo, and navigation links: DSRIP Home, Dashboard, Participants, Resources, Learning Collaborative.
- Section:** NJ DSRIP Dashboard
- Dashboard Resources:**
 - [Dashboard Tutorials](#)
 - [Dashboard User Guide](#)
- Contact Us:**
 - By Email: NJDSRIP@PCGUS.com
 - DSRIP Service Desk: 1-833-598-6635
 - Additional Guidance: [Frequently Asked Questions](#)
- Tableau Section:** A large area with the Tableau logo and a button labeled "Sign in to Tableau Online".

Right Screenshot (After Login):

- Header:** Same as the left screenshot.
- Section:** NJ DSRIP Dashboard
- Dashboard Resources:**
 - [Dashboard Tutorials](#)
 - [Instructions](#)
 - [Performance Overview](#)
 - [Stage 2 Quality Improvement Measures](#)
 - [Stage 3 Population Focused Improvement Measures](#)
 - [Universal Performance Pool](#)
 - [Sandbox](#)
 - [Dashboard User Guide](#)
- Contact Us:** Same as the left screenshot.
- NJ DSRIP Dashboard:** A horizontal navigation bar with tabs: Instructions, Performance Overview, Stage 2 Quality Improvement Project Measures, Population Focused Improvement Measures, Universal Performance Pool Measures, and Sandbox.
- Footer:** NJHealth logo, New Jersey Department of Health logo, and PHAB logo.
- Text:** Delivery System Reform Incentive Payment Program (DSRIP) Performance Dashboard

Dashboard log-in process has not changed.

View once logged in.

Program Updates

Databook v5.1

Background

- Source of all measure specifications
- Updated twice annually:
 - v5.0 February 2019 – chart based updates;
 - V5.1 June 2019 –MMIS based updates.
- Redline version and revision log identify key changes.
- Located on Resources page.



The screenshot shows the NJ Health Department of Health website. At the top, it says "STATE OF NEW JERSEY DEPARTMENT OF HEALTH" and "Governor Phil Murphy · Lt. Governor Sheila Oliver". Below this is the NJ Health logo and a navigation bar with links: "DSRIP Home", "Dashboard", "Participants", "Resources" (highlighted with a yellow border), and "Learning Collaborative". The main heading is "DSRIP Program Resources". Under "DSRIP Program Documents:", there are two main categories: "DSRIP Protocols & Governance Documents" and "Databook 5.0 - EHR/Chart Measure Update". The "Databook 5.0" category is expanded, showing a list of documents with their update dates. A "Contact Us" box on the right provides email and phone information.

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

Governor Phil Murphy · Lt. Governor Sheila Oliver
NJ Home | Services A to Z | Departments/Agencies | FAQs

NJ Health
Improving Health Through Leadership and Innovation

DSRIP Home Dashboard Participants Resources Learning Collaborative

DSRIP Program Resources

DSRIP Program Documents:

- DSRIP Protocols & Governance Documents
 - Program Standard Terms and Conditions(updated 2/14/2019)
 - DY6-DY8 Funding and Mechanics Protocol CMS Approved (updated 2/5/2019)
 - DY6-DY8 Planning Protocol CMS Approved (updated 2/5/2019)
 - Addendum 1: Stage 1 System Transformation Measures Catalogue (updated 6/13/2018)
 - Addendum 2: Stage 2 Quality Improvement Measures Catalogue (updated 2/5/2019)
 - Addendum 3: Stage 3 Population Focused Improvement Measures Catalogue (updated 6/13/2018)
 - Addendum 4: Stage 4 UPP Measures Catalogue (updated 6/13/2018)
 - Attachment 1: Toolkit (updated 8/9/2013)
 - Hospital Application Plan Instructions (updated 8/28/2013)
 - Hospital DSRIP Plan Application (updated 8/14/2013)
- Databook 5.0 - EHR/Chart Measure Update
 - Databook (updated 2/5/2019)
 - Appendix A - Master List (updated 2/1/2019)
 - Appendix A - Value Sets - Codes (updated 2/1/2019)
 - Appendix A - Value Sets - Medications (updated 1/30/2019)
 - Appendix A - DY7-DY8 Stage 1 Value Sets - Codes (updated 9/17/2018)
 - Appendix B - Planned Readmission Codes (updated 9/17/2018)
 - Appendix C - Programming Assumptions (updated 3/9/2017)
 - Appendix D - DY6 to DY7-DY8 Measures Crosswalk (updated 12/10/2018)
 - Addendum to Databook - DY7-DY8 Stage 1 System Transformation Measures Update (9/17/2018)
 - Revision Log (updated 2/1/2019)

Contact Us

By Email: NJDSRIP@PCGUS.com
DSRIP Service Desk: 1-833-598-6635
Additional Guidance: Frequently Asked Questions

Key Changes

- MMIS measures updated to align more closely with the latest specifications published by each measure steward or to correct coding inconsistencies.
- Extent of the changes fall into a few categories:
 1. Measures that have no changes (n=21)
 - DSRIP #: 1, 2, 3, 5, 6, 7, 8, 13, 14, 20, 22, 27, 28, 32, 34, 42, 46, 62, 66, 67, 81
 2. Measures updated to latest Steward specs that require rebasing (n=11)
 - DSRIP #: 11, 12, 16, 36, 38, 40, 41, 45, 48, 52, 92
 3. Measures updated to latest Steward specs that don't require rebasing (n=7)
 - DSRIP #: 4, 25, 29, 35, 60, 83, 90
 4. Measure specifications have not changed, but coding inconsistencies corrected, and require rebasing (n=1)
 - DSRIP #: 88

Rebased Measures

DSRIP #	Measure	Change
11 & 12	Antidepressant Medication Management	Measures updated to most of HEDIS 2019 specifications.
40 & 41	Follow-up After Hospitalization for Mental Illness	Measures updated to most of HEDIS 2019 specifications.
45	Heart Failure Admission Rate	Code set updated.
48	Hypertension Admission Rate	Code set updated.
38 & 52	Initiation and Engagement of Alcohol and Other Drug Treatment	Measures updated to most of HEDIS 2019 specifications.
36	Diabetes Short-term Admission Rate	Code set updated.
16	Breast Cancer Screening	Measure updated to HEDIS 2019 specifications.
88	Well-child Visits in the First 15 Years of Life	Inconsistencies with inclusion of diagnosis codes corrected in the measure calculation.
92	Diabetes Monitoring for People with Diabetes and Schizophrenia	Measure updated to most of HEDIS 2019 specifications.

Databook v5.1

Example

Study the revision log to note all specification changes.


[illegible]

Let's Focus on DSRIP 41 which was updated to the latest 2019 HEDIS Specifications.

[illegible]

Example

The Databook v5.1 redline version gives you the most detailed view of all the revisions.



New Jersey DSRIP Performance Measurement Databook

+

Measure:

DSRIP #:

41

Follow-up After Hospitalization for Mental Illness

- 7 days post discharge

Measure Description:

The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental health disorders ~~or intentional self harm~~ and who had an ~~outpatient visit, an intensive outpatient encounter or partial hospitalization follow-up visit~~ with a mental health practitioner within 7 days of discharge.

Data Source:

MMIS

NQF #:

0576

Measure Steward:

NCQA

Measure Steward Version:

2018~~9~~

Look for red text to track all changes.

Measure Collection Description			
Setting of Care: Multi-setting		Reporting Period: Annual; April	
Experience Period: Calendar Year		Baseline Period: CY 20176	
Claim Type(s): 01, 02, 03, 04, 06, 14, 15, 18, 19	01 - Inpatient Hospital 02 - Long Term Care 03 - Outpatient Hospital 04 - Physician 05 - Chiropractor 06 - Home Health 07 - Transportation 08 - Vision	09 - Supplies, DME 10 - Podiatry 11 - Dental 12 - Pharmacy 13 - EPDST/Healthstart 14 - Institutional Crossover 15 - Professional Crossover	16 - Lab 17 - Prosthetic and Orthotics 18 - Independent Clinic 19 - Psychologists 21 - Optometrists 22 - Mid Level Practitioner 23 - Hearing Aid
Continuous Eligibility Period: Yes		Risk Adjustment: No	Sampling: No
Continuous Eligibility/ Risk Adjustment/ Sampling Methodology: The patient must be continuously enrolled from the date of discharge through 30 days after discharge without a gap in coverage to be eligible.			

Check "Measure Collection Description" table to review changes to baseline period. If redlined, measure will be rebased.

Program Updates

DY6 Appeals Conclusion

Outcomes

- DY6 appeals payment and performance adjustment letters distributed to each hospital on 6/5.
- 15 hospitals submitted appeals; 13 unique measures; 40 unique issues.
- Only 3 performance result changes occurred after appeals process.
- No changes occurred to payments for Stages 1, 2 or 4.
- Some substantiated appeals impacted hospitals' Stage 3 results.
- All eligible hospitals will have a UPP payment adjustment due to changes in the amount available in the UPP Remainder Pool.

Next Steps

- Performance changes from substantiated appeals updated in dashboard.
- Hospitals that submitted appeals can expect additional letters detailing the results of their appeals outcome.

Outcomes

- DY6 appeals payment and performance adjustment letters distributed to each hospital on 6/5.
- 15 hospitals submitted appeals; 13 unique measures; 40 unique issues.
- Only 3 performance result changes occurred after appeals process.
- No changes occurred to payments for Stages 1, 2 or 4.
- Some substantiated appeals impacted hospitals' Stage 3 results.
- All eligible hospitals will have a UPP payment adjustment due to changes in the amount available in the UPP Remainder Pool.

Remember
DY6 uses the
old staging
conventions!

Next Steps

- Performance changes from substantiated appeals updated in dashboard.
- Hospitals that submitted appeals can expect additional letters detailing the results of their appeals outcome.

DY6 Appeals Letters

Example

- Letters provide an overview table of adjustments (shown below) then breaks down the adjustments (or lack there of) by each stage.
- All hospitals should pay attention to their UPP remainder adjustment!

	Initial		Final	Final - Initial		
Stages 1 and 2	\$	1,251,776	\$	1,251,776	\$	-
Stage 3	\$	1,001,421	\$	1,001,421	\$	-
Stage 4	\$	1,251,776	\$	1,251,776	\$	-
UPP Carve-Out	\$	1,112,690	\$	1,112,690	\$	-
UPP Remainder	\$	2,263,773	\$	2,275,903	\$	12,129
Total	\$	6,881,435	\$	6,893,565	\$	12,129

Pre-appeal value

Post-appeal value

Difference
between values

In this example, this hospital had no appeals based adjustments to stages 1-4 or UPP carve out. They did experience a UPP remainder adjustment resulting in gaining an additional \$12,129.

DY6 Appeals Letters

Example

- Letters provide an overview table of adjustments (shown below) then breaks down the adjustments (or lack there of) by each stage.
- All hospitals should pay attention to their UPP remainder adjustment!

	Initial	Final	Final - Initial
Stages 1 and 2	\$ 1,251,776	\$ 1,251,776	\$ -
Stage 3	\$ 1,001,421	\$ 1,001,421	\$ -
Stage 4	\$ 1,251,776	\$ 1,251,776	\$ -
UPP Carve-Out	\$ 1,112,690	\$ 1,112,690	\$ -
UPP Remainder	\$ 2,263,773	\$ 2,275,903	\$ 12,129
Total	\$ 6,881,435	\$ 6,893,565	\$ 12,129

	Initial	Final	Final - Initial
UPP Remainder Eligible (8 or more achieved UPP Carve-Out)			
Stages 1 and 2 Earned			
Stage 3 Earned			
Stage 4 Earned			
UPP Carve-Out Earned			
Total Earned			
Total Earned by All DSRIP Hospitals			
Percent of All Hospital Earned Adjusted to 100% Total			
UPP Remainder Total			
UPP Remainder Earned (Remainder * Percent Earned)			

Post appeal "Total Earned" by each hospital is compared to the post appeal "Total Earned by All DSRIP Hospitals" to calculate what percentage of the remainder each eligible hospital will receive.

Program Updates

DY8 Annual Renewal Applications

Next Steps

- DOH has approved all hospitals' DY8 Renewal Applications.
- Approval Letters were posted to each hospital's Inbound folder on the [SFTP](#) on June 5, 2019. An announcement was sent to each hospitals' CEO/President and NJ DSRIP primary contact via njdsrip@pcgus.com.
- Letters must be signed by CEO and returned by June 26, 2019 (15 business days post distribution)
- Submit signed letters your hospital's [SFTP](#) Outbound folder.

Program Updates

In-Person Learning Collaborative on June 26th

6/26 In-Person Learning Collaborative



Registration Open

- Each hospital can send two team members to attend the conference.
- Health systems w/ multiple DSRIP hospitals may send additional representative.
- Must register by June 17, 2019.
- Every hospital must send at least one representative.

Information

- **Date/Time:** June 26, 2019 from 10:30-3:30, registration opens at 10am.
- **Location:** New Jersey Hospital Association, Princeton, NJ.
- **Lunch** will be provided.
- **Topic:** Stakeholder Engagement.
- **CME** credit will be provided.

Target Audience

- Clinical and non-clinical DSRIP Team members responsible for leading or participating in quality initiatives.

Learning Objectives

At the conclusion of this activity, participants should be able to:

1. Evaluate the effectiveness of their QI team;
2. Engage the right QI team members in the most effective way;
3. Evaluate, navigate and build their team's/institution's quality culture for success;
4. Utilize stakeholder mapping, analysis and communication tools to increase QI team's effectiveness;
5. Identify successful strategies for community based stakeholder engagement.

NALOXONE SAVES LIVES

State of NJ is providing naloxone for free at participating pharmacies on 6/18/19.

- No Individual Prescription Needed
- No Payment or Insurance Required
- No Name Required Naloxone can reverse opioid overdoses.
- Distributed on a first-come, first-serve basis.
- Limit one per person.

Visit nj.gov/humanservices/stopoverdoses for a list of participating pharmacies.



For Addiction Help 24/7 Call 1-844-REACHNJ

Note: Professionals, professional entities, first responders and first responder entities, as defined in N.J.S.A. 24:6J-3, are not eligible to obtain the opioid antidote through this project.



Q & A

Ask questions in two ways:

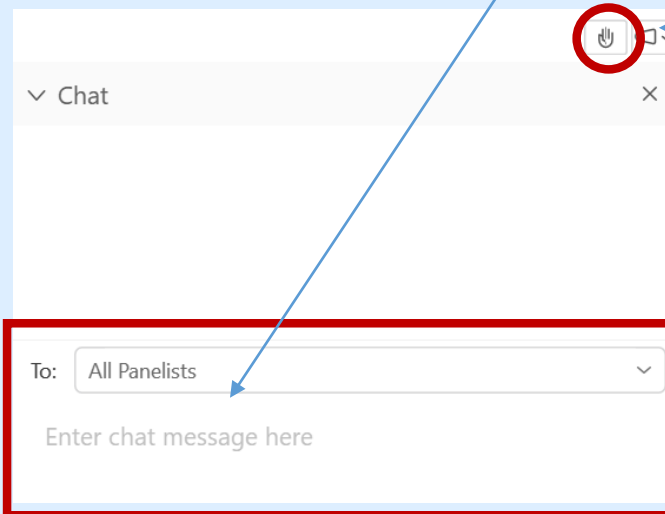
1. Submit questions through the chat.

If the chat box does not automatically appear on the screen's right panel, hover over the bottom of your screen and click the chat bubble icon, circled in red.

2. 'Raise your hand' to ask a question through your audio connection.

Once we see your hand raised, we will call on you and unmute your line.

Please introduce yourself and let us know what organization you are from.



Prepared by Public Consulting Group

Email njdsrip@pcgus.com with any additional questions.

- **Please answer the following evaluation questions**
 1. How would you rate this activity?
5 = Excellent; 1 = Very Poor
 2. Did you feel that this webinar's objectives were met?
 - Interpret the measure specifications for DSRIP 01.
 - Identify strategies utilized by fellow DSRIP hospitals to improve DSRIP 01 outcomes.
 - Identify changes inside Databook v5.1 and state which measures will have an updated baseline.
 - Navigate the new design of the DSRIP website to find key information.
 - Interpret the results of your DY6 appeal.
 - Return the DY8 approval letters with appropriate signature on time.
 - Ensure the appropriate members of your DSRIP team register for the June 26th In-person learning collaborative.
 3. Please provide suggestions to improve our measure specification review.
 4. Please provide suggestions on how to improve this educational session.